Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For RECEIVED See Only)

FEB 101999

I. Installation	n's EPA ID Number (Mark 'X' in the appropriate box)	RESP				
A. First Notification B. Subsequent Notification (Complete item C)			C. Installation's EPA ID Number AROOO66858			
II. Name of I	nstallation (Include company and specific site name)					
Philip Morris U.S.A. c/o Centrobe, Inc.						
III. Location of Installation (Physical address not P.O. Box or Route Number)						
Street						
4460 112th Street						
Street (Continued)						
	<u> </u>					
City of Town		W.S.	State	Zip Code		
Urbandale			IA	50322		
County Code	County Name					
	Polk					
IV. Installati	on Mailing Address (See Instructions)					
Street or P.O). Box					
11253 M	Meredith Drive	***				
City or Town			State	Zip Code		
Urbandale				50322		
V. Installation	on Contact (Person to be contacted regarding waste a	ctivities at site)			
Name (Last)		(First)				
Zimmerman			David			
Job Title Phone Nur			nber (Area Code and Number)			
Environ	mental Engineer	(804) 2	274-4803			
VI. Installation Contact Address (See Instructions)						
A. Contract A Location Mailin	g Other B. Street of P.O. Box					
	X P. O. Box 26603					
City or Town			State	Zip Code		
Richmon	ad	*	VA	23261		
VII. Ownersh	ip (See Instructions)					
A. Name of Installation's Legal Owner						
R and R Investors, LTD						
Street, P.O. Box, of Route Number				RCRA RECORDS CENTER		
1280 Office Plaza Drive						
City or Town			State	Zip Code		
West Des Moines			IA	50266		
Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner (Date Changed) Month Day Year						
(515) 2	223-4901 P	l P	Yes	X No		

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark X' in the appropriate boxes; Refer to instructions)								
A. Hazardous Was	B. Used Oil Recycling Activities							
1. Generator (See instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) a. Utility Boiler b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) a. Process b. Re-refine							
IX. Description of Hazardous Wastes (Use additional sheets if necessary)								
A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)								
1. Ignitable (D001) (D002) 3. Reactive (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) X								
B. Eloted Hazardodo Hastoo. (este ve el mar								
7 8	9 10	11	12					
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)								
1 2	3 4	5	6					
X. Certification								
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								
Signature	Name and Official Title (Type or print) B. C. Kiernan, Manager	Date Signed 2-9-99						
XI. Comments								
Out of date promotional sales items								
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)								

FEB 10 1999



PHILIP MORRIS

U.S.A.

P. O. BOX 26603, RICHMOND, VIRGINIA 23261 TELEPHONE (804) 274-2000

February 8, 1999

Mr. Perce Cox Environmental Protection Agency Region 7 ARTD\RESP 726 Minnesota Avenue Kansas City, KS 66101

Subject: First Notification of Regulated Waste Activity

Dear Mr. Cox:

Please find enclosed a First Notification of Regulated Waste Activity for the Philip Morris U. S. A. c/o Centrobe, Inc. physically located in Polk County at 4460 112th Street, Urbandale, IA 50322.

Should you have any questions, I can be reached at 804-274-4803.

Sincerely,

David R. Zimmerman Environmental Engineer

Enclosure: First Notification of Regulated Waste Activity



FR:PHILIP MORRIS D.R ZIMMERMAN 4001 COMMERCE ROAD RICHMOND, VIRGINIA 23264 UNITED STATES

ACCT: 766836552 REF: 89

DATE: 02-09-99 PH:(804) 274-5441 FX:(804) 274-7556

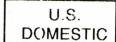
WOR

TO: U.S.EPA MR.PERCE COX 726 MINNESOTA AVE. ARTD/RESP REGION 7 KANSAS CITY, KS. 66101 UNITED STATES

DESCRIPTION: SIGNATURE REQUIRED

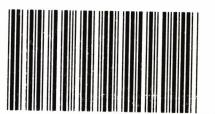
WEIGHT:

0.06 lbs.XD



DEST:

MCI



Airwaybill: 9433201293 (Non-Negotiable)



All services are subject to DHL's published service conditions

333 Twin Dolphin Drive Redwood City, CA 94065

No. of Pcs:

1 OF 1

Affix to package

LONDON.

DELIVERY OF PROOF SIGNATURE